



INSTRUCTION FOR INITIAL APPLICATION USING DEPARTMENT OF PUBLIC HEALTH'S ONLINE APPLICATION SITE

MASSACHUSETTS

OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

OVERVIEW & ELIGIBILITY

In 2013 the Office of Emergency Medical Services (OEMS) joined other health care professional licensure and certification programs within the Massachusetts Department of Public Health in utilizing a centralized, online licensing and certification system. This system allows EMS personnel to submit their initial and biannual recertification, application and associated fees online via a secure website. These step-by-step instructions are to be utilized by initial applicants for all levels of Massachusetts Emergency Medical Technician who have completed an initial training course and hold current certification from the National Registry of Emergency Medical Technicians (NREMT).

TIMELINE

Upon submission of a completed application, a candidate can expect to receive a certification card within 2-3 weeks. This timeline is subject to change due to inaccuracies of information submitted by the candidate, invalid NREMT certification, out of state verification, and possibly a CORI and criminal history review.

CHECKLIST

Items listed below are needed in order for the Office of Emergency Medical Services to process and issue a certification.

- ☐ **FEE** Massachusetts certification fee of \$150, payable online by Visa, Mastercard, or eCheck
- ☐ **NREMT CERTIFICATION** As of July 1st 2013, all initial candidates must have NREMT certification prior to being issued a Massachusetts EMT certification.

CORI Acknowledgement form or Out of State Verification available on our website under certification. <http://www.mass.gov/dph/oems>

- ☐ **Out Of State Verification** If a candidate has have ever held certification or licensure as an EMT (at any level) they MUST have all states where they were/are certified submit a "State Verification" form to OEMS
- ☐ **CORI Packet** (Only if a candidate indicated "YES" to **QUESTION 3** on the application.) A CORI packet must be submitted for review. This packet must include the following items: a photocopy of a government-issued photo ID, a CORI acknowledgement form available on our website, and a detailed written explanation concerning the circumstance(s) in question.

NOTE REGARDING CPR and ACLS COMPLETION CARDS: Please note that in order to function as an EMT, all EMS personnel must hold proof of required training, meeting the minimum standard established by the Committee on Cardiopulmonary Resuscitation and Emergency Cardiac Care of the American Heart Association, in Basic Cardiac Life Support health care professional cardiopulmonary resuscitation, including utilization of an automatic/semiautomatic defibrillator in the form of a current course completion card. Paramedic personnel must have proof of Advanced Cardiac Life Support training in the form of a current course completion card.

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Section One - Registering a person. All first time users of the Online Licensing system must register as a person. This process includes entering demographics later used for certification application and setting up a username and password for future use of the system. This future use includes, but is not limited to recertification, updating mailing address and updating email address.

www.mass.gov/dph/oems/elicensing

The Official Website of the Office of Health and Human Services (EOHHS)

Health and Human Services

Mass Gov Home State Agencies Online Services

Register a Person
Register a Business
Frequently Asked Questions
Links to Our Web Sites
Visit our Verification Website
Help Desk

Mass Department of Public Health Online Licensing

In order to apply for a license, renew a license, request a duplicate license, or change a license address, you must register with the site. If you have already registered, enter your User ID and Password and press the **Login** button.

User ID
Password

Forgot your [Person-based license](#) username or password?
Forgot your [Facility-based license](#) password?

If you haven't already registered, please choose one of the two options below:

- If you wish to register a Person-based license click [here](#).
- If you wish to register a Facility-based license click [here](#).

If you are having difficulty navigating around any page in this application, please contact the Help Desk at 617-973-0935. If you get a recorded message, please leave a detailed message.

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Step One: Begin by selecting "**Register a person**"

Health and Human Services

Mass Gov Home State Agencies State Online Services

Login Page

Search for Existing Personal/Professional Records

In order to use this website, you must create a username and password and associate them to your records. This form allows you to search for your existing personal/professional records. You must complete the search process, even if you currently hold no professional licenses with the Division.

Enter your information into the fields below (both fields are required), then select the **Search** button to search for your records.

Birth Date*
e.g. 01/01/2008
SSN*
e.g. 123456789

Step Two: Search for any existing record by using your date of birth (xx/xx/xxxx) and Social Security Number (xxxxxxxx), then click "**Search**"

Note: if a record was found, please contact eLicensing Help Desk to retrieve the username and password. (617-973-0935)

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The Official Website of the Office of Health and Human Services (EOHHS)

Health and Human Services

Mass Gov Home State Agencies State Online Services

Login Page

Initial Registration

We were unable to find your records based on the entered search criteria.

- If you do not currently hold a license with the state and have not already submitted a paper application, the form below will allow you to register your personal information with the state and create a username and password. Complete the form below and press the **register** button to create your record. Once logged into the e-Government application you will be able to submit an electronic license application.
- If you currently hold a license with the state or have already submitted a paper application to the state, click [here](#) to search again. Do not complete the form below to register as this will not allow you to access your licensure records. If your records can not be found, click [here](#) for information on contacting the proper department/agency/board.

NOTE: Required fields are marked with an asterisk (*).

Name

| | | | |
|---------------|------------------------------------|----------------------|---|
| Name Prefix * | <input type="text" value="Mr."/> | Birth Date * | <input type="text" value="12/25/1987"/> |
| | ex. Mr. Mrs. Dr. | | MM/DD/YYYY |
| First Name * | <input type="text" value="John"/> | SSN * | <input type="text" value="*****"/> |
| Middle Name * | <input type="text"/> | Gender | <input type="text" value="Please select a Gender"/> |
| Last Name * | <input type="text" value="Smith"/> | Ethnicity | <input type="text"/> |
| Name Suffix * | <input type="text"/> | Citizenship Status * | <input type="text" value="U.S. Citizen"/> |
| | ex. Sr. Jr. III | Home State * | <input type="text" value="Massachusetts"/> |

Address

| | | | |
|---|--|---------|---|
| Country * | <input type="text" value="United States"/> | Phone * | <input type="text" value="617-753-7300"/> |
| | | | ex. 3015551212 |
| Line 1 * | <input type="text" value="99 Chauncy"/> | Fax | <input type="text"/> |
| | ex. 123 Fourth St. | | ex. 3015551212 |
| Line 2 * | <input type="text"/> | Email | <input type="text"/> |
| | ex. Apt. 100 | | ex. username@domain.com |
| City * | <input type="text" value="Boston"/> | | |
| Foreign Addresses: Enter city, region, postal code | | | |
| State * | <input type="text" value="MA"/> | | |
| Zip Code * | <input type="text" value="02111"/> | | |
| | ex. 02705 or 027051234 | | |

User ID

| | | | |
|---------------------|---|--------------------|--|
| User ID * | <input type="text" value="johnsmith"/> | | |
| | ex. jsmith | | |
| Password * | <input type="password" value="*****"/> | Confirm Password * | <input type="password" value="*****"/> |
| | Minimum 6 characters | | |
| Password Question * | <input type="text" value="What color is the sky?"/> | Password Answer * | <input type="text" value="Blue"/> |
| | ex. Favorite color? | | ex. Blue |

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Step Three: The system will be unable to locate records of first time users. Please read instructions and fill out demographics below.

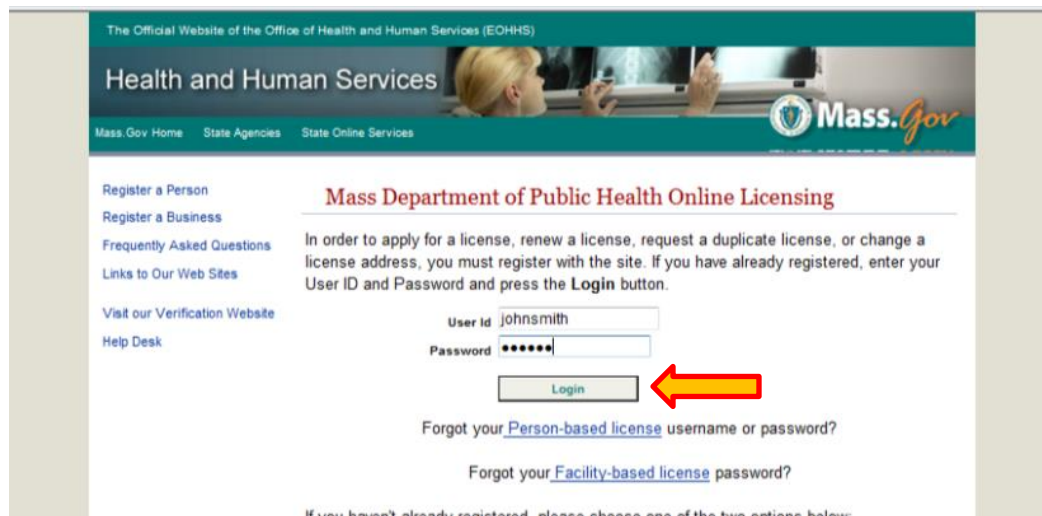
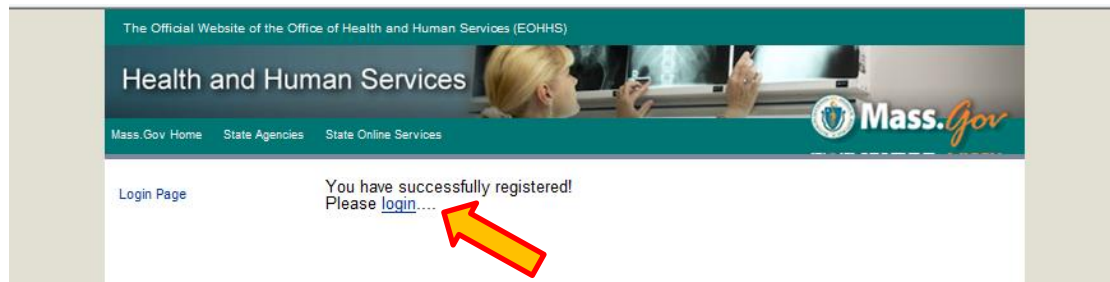
Note: While not all the fields are required, it is recommended that this form be filled out as completely as possible.

Once complete, click the button that say "**Register**" at the bottom of the page.

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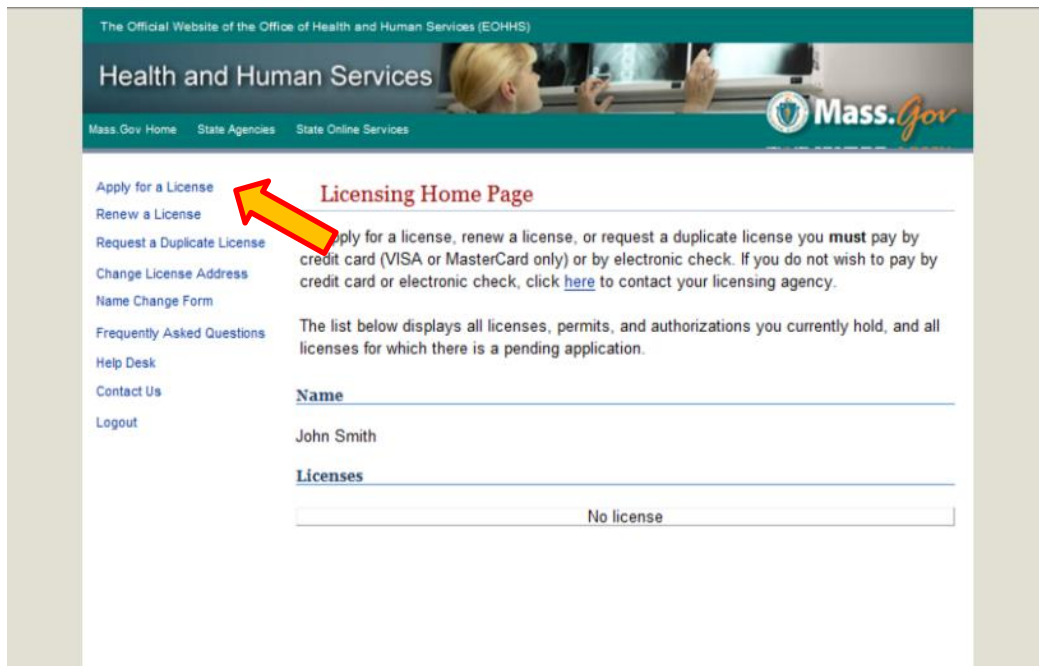
Step Four: Using the username and password you just created, you must now log onto the system.

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Section Two – Applying for an initial license using the online elicensing system.



The screenshot shows the 'Licensing Home Page' on the Mass.gov website. The page has a teal header with the text 'The Official Website of the Office of Health and Human Services (EOHHS)' and 'Health and Human Services'. Below the header is a navigation bar with links: 'Mass.Gov Home', 'State Agencies', and 'State Online Services'. The main content area is divided into two columns. The left column contains a list of links: 'Apply for a License', 'Renew a License', 'Request a Duplicate License', 'Change License Address', 'Name Change Form', 'Frequently Asked Questions', 'Help Desk', 'Contact Us', and 'Logout'. A red arrow points from the 'Apply for a License' link to the 'Licensing Home Page' title. The right column contains the title 'Licensing Home Page' and a paragraph: 'Apply for a license, renew a license, or request a duplicate license you **must** pay by credit card (VISA or MasterCard only) or by electronic check. If you do not wish to pay by credit card or electronic check, click [here](#) to contact your licensing agency.' Below this paragraph is a section titled 'Name' with the text 'John Smith'. Underneath is a section titled 'Licenses' with a table containing one row: 'No license'.

The Official Website of the Office of Health and Human Services (EOHHS)

Health and Human Services

Mass.Gov Home State Agencies State Online Services

[Apply for a License](#)
[Renew a License](#)
[Request a Duplicate License](#)
[Change License Address](#)
[Name Change Form](#)
[Frequently Asked Questions](#)
[Help Desk](#)
[Contact Us](#)
[Logout](#)

Licensing Home Page

Apply for a license, renew a license, or request a duplicate license you **must** pay by credit card (VISA or MasterCard only) or by electronic check. If you do not wish to pay by credit card or electronic check, click [here](#) to contact your licensing agency.

The list below displays all licenses, permits, and authorizations you currently hold, and all licenses for which there is a pending application.

| Name |
|------------|
| John Smith |

| Licenses |
|------------|
| No license |

Step One: Once logged into your account, click on “**Apply for a License**”

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The Official Website of the Office of Health and Human Services (EOHHS)

Health and Human Services

[Mass.Gov Home](#) [State Agencies](#) [State Online Services](#)



[Licensing Home Page](#)

[Logout](#)

Application for Licensure

This site fully supports **Internet Explorer 6.0** or higher and **Mozilla Firefox 1.5** or higher. Your payment **WILL NOT PROCESS** if you are using **Safari** or **Google Chrome**. Click [here](#) for more information about supported browsers and links to download them.

Select the profession, license type and obtained by method, and then click the **Start Application** button.

License Type Selection

| | |
|--------------------|------------------------------|
| Profession | Emergency Medical Services ▾ |
| License Type | EMT Basic ▾ |
| Obtained By Method | Application ▾ |



Start Application

Step Two: Using the drop down options, select the following:

Profession: **Emergency Medical Services**

License Type: **EMT, Advanced, or Paramedic**

Obtained By Method: **Application**

Then click "**Start Application**"

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Health and Human Services

Mass.Gov Home State Agencies State Online Services

☐ **Demographics**
☐ **License Address**
☐ **Questions**
☐ **Finish**
[Licensing Home Page](#)
[Logout](#)

Applying For an Initial Massachusetts Certification (License)

In order to obtain certification (license) as an EMT in Massachusetts, you **must** be nationally certified through the National Registry of Emergency Medical Technicians (NREMT). Your information from this application will be sent to NREMT for verification. You will **not** become certified (licensed) in Massachusetts until all NREMT requirements for initial certification have been met. Visit [here](#) to register with NREMT, create an account, and learn more.

To initiate your Massachusetts application on line, you must complete the checklist items listed on the left. In order for this application to be processed by the Office of Emergency Medical Services (OEMS), you must submit payment by credit card (Visa or MasterCard only) or electronic check.

For a complete list of all documents that must be submitted to OEMS in order to complete your application, please click [here](#). Your application will not be considered complete until all documents are received and approved by OEMS **and** until OEMS receives verification from NREMT that you have met this prerequisite.

If you do not wish to apply online, click [here](#) to download a paper application.

NOTICE: The license fee is non-refundable.

If you need to stop the online application for any reason, simply log out and your information will be saved. When you return, you may continue where you left off.

To begin your application click on one of the checklist items on the left.

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Step Three: To begin the application you will need to complete the three part checklist on the left; **Demographics, License Address** and **Questions**. Then you will need to finish the application and pay the certification fee.

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[Mass.Gov](#)

☐ Demographics
☐ **License Address**
☐ Questions
☐ Finish

[Licensing Home Page](#)
[Logout](#)

Demographics

This page displays information for your personal address, which may be the same or different from your license address. The Department will use this information to contact you only if you cannot be contacted at your license address. Select the **Edit** button to change what is displayed, or press the **Complete** button.

Full Name John Smith
Line 1 123 Main Street
Boston, MA 02111
Phone 6175551234
Email

[Edit](#) [Complete](#)

Step Four: Verify your permanent address, edit as needed using the edit button, then click “**Complete**”. Once you see a check box in front of Demographics, please move onto “**License Address**” by clicking the red text on the left.

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Mass.Gov Home State Agencies State Online Services

☒ Demographics
☒ License Address
☐ Questions
☐ Finish


[Licensing Home Page](#)
[Logout](#)

License Address Update

Use the form below to update your address of record, then press the **Update** button. The address of record is where the Department will mail your license and any correspondence.
NOTE: Required fields are marked with an asterisk (*).

Country* Phone*
ex. 3015551212
Fax
ex. 3015551212
Email
ex. username@domain.com

Street Address*
ex. 123 Fourth St.
Line 2
ex. Apt. 100
Line 3
City*
Foreign Addresses:
Enter city, region, postal code
State*
Zipcode*
ex. 02705 or 027051234



Step Five: Enter the mailing address where you want your license to be send then click **“Update”**.

Step Six: Click **“Complete”**, then select **“Questions”** in red on the left.

The Official Website of the Office of Health and Human Services (EOHHS)

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Mass.Gov Home State Agencies State Online Services

☒ Demographics
☒ License Address
☐ Questions
☐ Finish


[Licensing Home Page](#)
[Logout](#)

License Address

This page displays your license address, which the Department will use for all correspondence with you. Press the **Edit** button to make changes, or press the **Complete** button to confirm your address and finish this step.

If you have any permits or authorizations listed below, you must change those addresses also unless you want the Department to continue mailing any correspondence about your permits or authorizations to the address displayed.

Line 1 123 Main Street
Boston, MA 02111
Phone 6175551234
Email johnsmith@smith.net



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DEPARTMENT OF PUBLIC HEALTH

- ☒ Demographics
- ☒ License Address
- ☐ Questions
- ☐ Finish
- [Licensing Home Page](#)
- [Logout](#)

Application Questions

Please answer all questions listed below. If you answer YES to any questions, you must mail OEMS an explanation separately.

| Question | Answer |
|---|---------------|
| 1. Was your certification, license, or ability to work as an EMT (at any level) ever restricted, suspended, revoked, or voluntarily surrendered in Massachusetts or in any other state or jurisdiction (including, but not limited to, by the state, your employer, supervising physician or hospital)? | Please Choose |
| 2a. Were you ever certified or licensed as an EMT (at any level) or any other type of health care provider in Massachusetts or any other state or jurisdiction? | Please Choose |
| 2b. If Yes, was your certification or license ever restricted, suspended, revoked or voluntarily surrendered in Massachusetts or any other state or jurisdiction? | Please Choose |
| 3. Have you ever: a) been convicted of; b) entered a plea of guilty, nolo contendere, or no contest to; or c) admitted to sufficient facts, in connection with a felony or misdemeanor in any jurisdiction, other than a minor traffic violation, even if the matter was continued without a finding or the court withheld adjudication so that you would not have a record of conviction? For purposes of this question, driving under the influence or driving while impaired is not a minor traffic violation. With regard to charges of criminal offenses, convictions, and disciplinary proceedings provide documentation, including, but not limited to, that which fully describes the offense, copies of relevant court documents or administrative proceedings, dispositions and current status. | Please Choose |

Attestation

If you answered YES to question 3, you must click [here](#) to download and print a CORI Acknowledgement Form. You must fill out the form, make a photocopy of your current driver's license (or a copy of another government-issued photo ID such as a US passport) and attach it to the form, and mail these to MA Dept. of Public Health/OEMS, attention: CORI, 99 Chauncy Street 11th Floor, Boston, MA 02111.

If you answered YES to any question, you must submit detailed information concerning the circumstances to OEMS. Your renewal application will NOT be complete until OEMS has reviewed the documentation and any other required information.

I hereby certify that, under pains and penalties of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

Submit

Step Seven: You must read carefully and pick answers to all questions using the drop down answers. Any questions answered "YES" to you must submit a written explanation to OEMS. If you answered "YES" to question 3, please ensure to submit CORI packet in addition to your written explanation of why you selected "YES".

OUT OF STATE CERTIFICATION NOTE: If you have ever held certification or licensure as an EMT (at any level) you MUST have all states where you were/are certified submit a "State Verification" form, available on <http://mass.gov/dph/oems>, to OEMS

After answering the questions, click "**Submit**" and then click on "**Finish**" on the checklist

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☒ Demographics
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☒ Questions
☐ Finish
[Licensing Home Page](#)
[Logout](#)

Application Summary

A summary of the information you provided is listed below. Please review this information carefully to ensure it is correct. You may go back to any step in this process by clicking the corresponding link on the left.

Once you have verified all information, you must select either the **Yes** button or **No** button below the attestation section at the bottom of this page. Selecting the **Yes** button will allow you to pay any fees and submit your application. Selecting the **No** button will return you to your Licensing Home Page.

Licenses

| EMT Basic | | | |
|--------------------|----------------------------|--------------------|---------|
| Profession | Emergency Medical Services | License Status | Pending |
| Obtained By Method | Application | Reciprocity State: | N/A |

Address Changes

Name: John Smith

Additional Address

123 Main Street
Boston, MA 02111
6175551234

License Address

123 Main Street
Boston, MA 02111
johnsmith@smith.net
6175551234

Question Responses

| Question | Answer |
|---|--------|
| 1. Was your certification, license, or ability to work as an EMT (at any level) ever restricted, suspended, revoked, or voluntarily surrendered in Massachusetts or in any other state or jurisdiction (including, but not limited to, by the state, your employer, supervising physician or hospital)? | N |
| 2a. Were you ever certified or licensed as an EMT (at any level) or any other type of health care provider in Massachusetts or any other state or jurisdiction? | N |
| 2b. If Yes, was your certification or license ever restricted, suspended, revoked or voluntarily surrendered in Massachusetts or any other state or jurisdiction? | N |
| 3. Have you ever: a) been convicted of; b) entered a plea of guilty, nolo contendere, or no contest to; or c) admitted to sufficient facts, in connection with a felony or misdemeanor in any jurisdiction, other than a minor traffic violation, even if the matter was continued without a finding or the court withheld adjudication so that you would not have a record of conviction? For purposes of this question, driving under the influence or driving while impaired is not a minor traffic violation. With regard to charges of criminal offenses, convictions, and disciplinary proceedings provide documentation, including, but not limited to, that which fully describes the offense, copies of relevant court documents or administrative proceedings, dispositions and current status. | N |

Attestation

MY SIGNATURE ON THIS LICENSE APPLICATION ATTESTS UNDER PENALTIES OF PERJURY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, I HAVE COMPLIED WITH:

- A. STATE TAX AND CHILD SUPPORT LAWS;
- B. MANDATORY REPORTING LAWS INCLUDING MY OBLIGATIONS TO REPORT THE ABUSE OR NEGLECT OF CHILDREN (MGL c. 119, s. 51A) AND UNDERSTAND THE PUNISHMENT FOR FAILURE TO SO COMPLY; AND
- C. BOARD LAWS AND REGULATIONS, INCLUDING CONTINUING EDUCATION REGULATIONS.

BY SELECTING THE **YES** BUTTON, YOU ARE ATTESTING TO THE TRUTHFULNESS OF THIS APPLICATION AND AGREEING TO CONDUCT THIS TRANSACTION BY ELECTRONIC MEANS. BY SELECTING THE **YES** BUTTON, YOU ARE ACKNOWLEDGING YOUR INTENT TO SIGN YOUR APPLICATION AND YOU ARE PROVIDING AN ELECTRONIC SIGNATURE, WHICH IS LEGALLY ENFORCEABLE. SELECTING THE **YES** BUTTON WILL ALLOW YOU TO SUBMIT YOUR APPLICATION UPON PAYMENT OF ANY FEES. SELECTING THE **NO** BUTTON WILL RETURN YOU TO YOUR LICENSING HOME PAGE.

YES **No**

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Step Eight: Attestation and submission of application for certification.

Read attestation items carefully, if entire application (including answers to questions) are correct, click **"YES"**.

If NO, please edit application and then attest to correct application and items listed.

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Section Three: Submission of payment for application. This fee is NON REFUNDABLE

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Health and Human Services

Mass.Gov Home State Agencies State Online Services

Licensing Home Page

Application Fees

| License Number | Description | Fee Amount |
|----------------|-----------------|------------|
| | Application Fee | \$150.00 |

IMPORTANT: Once you select **SUBMIT**, please wait. **DO NOT** use your browser's Refresh, Stop, Back, or Forward buttons. If you need help, please call the Help Desk at 617-973-0935.

By selecting the **SUBMIT** button, you will automatically be transferred to a secure web site where you may enter your payment information and pay for your transaction. Once you have completed your transaction on that web site, you will be returned here to print a receipt of your transaction.


[Submit](#)

Step One: To pay certification fee's click the "**Submit**" button once.

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DEPARTMENT OF PUBLIC HEALTH



Commonwealth of Massachusetts Department of Health
Bill Pay Site

Make A One-Time Payment

Secure Site 

1 Account Information | **2 Add Payment Information** | 3 Authorize Payment | 4 Confirmation

Account Information



| | |
|----------------|------------|
| Account Number | Pending |
| Bill Due Date | 02/20/2014 |

Enter Payment Information



* Indicates required field

Payment Method *


☒ Credit Card



☐ Debit Card



☐ Bank Account



Type of Account *

MasterCard ▼

Card Number *

Card Expiration Date *

02 - Feb ▼ 2014 ▼

Verification Code *

ZIP/Postal Code *

E-Mail Address

Re-type E-Mail Address

There is no fee to use this service

Next, review your information and give approval for this payment. Click "No Thanks" to stop this payment process and exit. To change your account click the Edit Account Information button above, do not use your browser Back button.

Continue

No Thanks

[Privacy Statement](#) | [Refund Policy](#)

Step Two: Select payment method and type of account. Then enter individual information including card number, expiration, and verification name.

Once information entered, click **Continue**

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Mass.gov

Commonwealth of Massachusetts Department of Health

Bill Pay Site

Make A One-Time Payment

Secure Site



Please click here for our
ACH FAQs

1 Account Information

2 Add Payment Information

3 Authorize Payment

4 Confirmation

Account Information

Review the information you have entered. To make changes, click on Edit Account Information or Edit Payment Information. Do not use your browser Back button.

Account Number

Pending

Bill Due Date

02/20/2014

Payment Information

Card Number

****1111

Payment Amount

\$150.00

E-Mail Address

johnsmith@smith.net

ZIP/Postal Code

02111

Edit Payment Information

Your payment is not processed until you click **Authorize Payment**. Only click once to avoid duplicate payments. You will receive a confirmation number that you can print for your records. Click "No Thanks" to stop this payment process and exit. Do not use your browser Back button.

Please click **Authorize Payment** to charge your account, and to receive a confirmation number.



Authorize Payment

No Thanks

[Privacy Statement](#) | [Refund Policy](#)

Step Three: Review information entered. If not edit
the payment information

Once information verified, click "**Authorize Payment**"

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Health and Human Services

[Mass.Gov Home](#) [State Agencies](#) [State Online Services](#)



[Licensing Home Page](#)

[Logout](#)

Application Submitted

Your application has been received and your payment has been submitted for processing. If you are renewing a certification please ensure that you have completed your training profile as well through MASSEMT.ORG

Please print this receipt page as your proof of submission.

Application Information

| | |
|-----------------|-----------------------------------|
| Date Submitted: | 1 April 2014 |
| Applicant Name: | John Smith |
| License Number: | Pending |
| Agency: | HCQ |
| Process: | Apply for Initial License process |

Payment Information

| | |
|---------------------|---------------------|
| Authorization Code: | EP0465 |
| Received Date: | 4/1/2014 6:39:50 PM |
| Fee Amount: | \$150.00 |

[Print Receipt](#)

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Step Four: Verify application submitted by reaching this page. If needed, click “**Print Receipt**”. This will be your only time to print the receipt for this payment.

The system will verify NREMT certification based on demographics entered on application then issue a certification. There could be delays due to out of state verification, incorrect demographics entered, or CORI Packet review. If you have any questions with the status of your application, please call 617-753-7300 during regular business hours.